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DAVID A. GI P.O. BOX 3405 COLUMBUS, (001	1 8 2007	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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			***		_	Many 1	<u> </u>	Sleule	(Signature)
	•			15-0	CT	-07	(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE			FOR ATTO		RNEY DOCKET NO.	CONFIRMATION NO.
10/627,364 07/25/2003				Paul R. Jannot		30618 2463			
TITLE OF INVENTION: SUTURE AND CLAMP RETAINER AND ORGANIZER 10/19/2007 EHAILE2 03030027 10627364									
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								\$1000	12/11/2007
EXAMINER			ART UNIT CLASS-SUBCLAS						
TYSON, MELANIE RUANO 3731 606-148000									
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
(S) ADDIDATED (COUNTY)									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
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	atus (from status indicate as SMALL ENTITY state			Dh Applicant is no	lone	rer claiming SMAI	I ENT	FITV status See 27 CEE	2 1 27(a)(2)
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.									
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Authorized Signature	Serva /		Moul,			Date /5	5-0	CT-07	
Typed or printed nam	DAVID A	6	REENLEE	<u> </u>		Registration N	o	20825	·
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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